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SURGICAL ETHICS IN ĀYURVEDA

BY

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Pt. DAMODAR SHARMA GAUR

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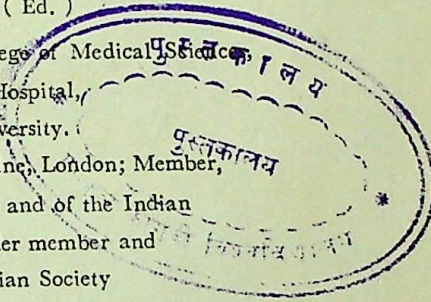
SURGICAL ETHICS IN ĀYURVEDA

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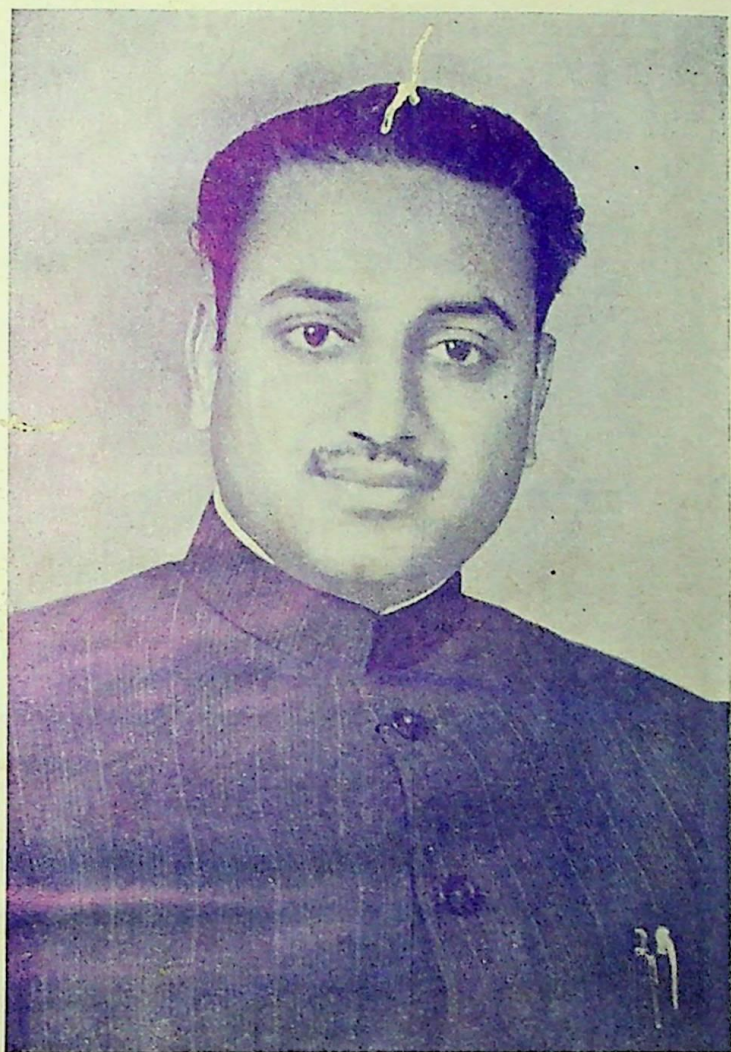
पूज्य श्री विष्णु हरि जी डालमिया

को

सादर सप्रेम समर्पित

FOREWORD

It is matter of great pleasure to write a foreword for the monograph on Surgical Ethics written by Dr. G. D. Singhal and Shri Damodar Sharma Gour. That surgery as practiced by Sushruta and his followers in the ancient days was of a very high order is a well known fact. Although the art of surgery of those days can by no means be compared with the most exciting advancements of modern era, one can certainly take advantage of the remarkable contributions they have made in some of the spheres of surgery. This will enable the modern surgeon to improve not only the care of his surgical cases but his attitude towards surgery as well.

It will not be out of place to mention here that due to the great progress made in the various techniques of surgery in the recent times we are more often liable to forget the importance of psychological and philosophical aspects of the care of surgical patients. Many a times these factors would greatly help us to improve the total care of the patients if proper attention is paid during the pre-operative, operative and post-operative

periods. Therefore, this monograph will serve as an important guide to all those interested in knowing the non-operative methods of management of the surgical patient both from the historical point of view and the aspect of improving these measures to suit the modern times. Those who wish to dive deep in the subject may well refer to the original books from where these abstracts have been made. By giving an easy and readable explanation of the original texts quoted in the monograph the authors have rendered sincere service for anvancing the cause of surgical science as a whole.

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Varanasi
4-12-63

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INTRODUCTION

1. This work is the first joint venture of a modern surgeon in association with a great Āyurvedic scholar. When I first met Pt. Damodar Sharma Gaur, about a year ago, I was immediately struck by his vast knowledge of Āyurveda. In him I found a man dedicated to the cause of Āyurveda with a scientific unbiased outlook and a hard working person as seen by his numerous publications. I was just looknig for some one like him after the great interest in the scientific study of Āyurveda created by my father-in-law, that great Indian, Dr. Raghuvira, Founder Director of International Academy of Indian Culture, New Delhi,

2. The proposal of Pt. Gaur Ji to jointly write a book incorporating most of the surgical ethical principles in Āyurveda applealed to me very much. This book is a result of the same.

3. This book has been written for the students of Āyurveda, the medical historians, the modern surgeons and physicians, the orientalists specially the Indologists, and for anyone interested in Āyurveda from amongst the educated class of public in general. It presents to them in a simple, concise and methodical way the ethics of surgery in Āyurveda,

4. Āyurveda literally means 'the science of life.' It is now available in the classical treatises of Carka, Suśruta, Vāgbhatta etc. Suśruta, the Father of ancient Indian Surgery was undoubtely a great surgeon. His writings show that surgery had advanced to unimaginable heights in those days. The ethical principles enunciated and

practised then were of the heighest order. Unfortunately, having obtained such high ideas regarding the causes, diagnosis and treatment of diseases, their scientific study was not pursued. These text books were written in Sanskrit. The English translation of some of them is still not yet available to the western scholars. Most of what is available has been written by translators and not by authors who ought to know something about the subject also. There is a great need for the modern surgeons and physicians to delve into the oceonic depths of these valueable treasures and pick out the pearls of wisdom of medical science, leaving aside the pebbles of the scientifically unconfirmed material.

5. In this work quotations from these treatises have been given which deal with the ethical principles of surgery in particular and of medicine in general. Their English translation has been done, the source mentioned and the least possible critical notes added showing its modern applicability. No attempt has been made to be exhaustive. Only a representative selection has been done. It has been left to the readerto derive the inference, The efforts of the authors would have been duly rewarded, if they could only provoke some new interest amongst the modern surgeons, physicians and historians in particular and of the medical world in general towards the ancient Indian system of Medicine.

6. The ethical principles have been placed into nine groups in the following order—General ethics, Professional and Academic ethics, Pre-operative ethics, Operative ethics, Post-operative ethics, Experimental Surgery ethics, Quacks, Ethics towards the dying and Ethics in Emergency Surgery.

7. *The First Part* (General Ethics) deals with the qualities of a would be medical graduate and that of a doctor in general. The doctor was entitled to surgical practice only after obtaining a theoretical and practical knowledge of the subject, passing the qualifying examination and registration by the state. The high ideals of medical profession and the four great ethical principles were emphasized. This part also deals with the ideals of a doctor, his duties towards the faithful patient, his behaviour towards the ladies and ethics and importance of joint consultations. The special qualities of a surgeon and of the nursing attendants are also given.

The Second Part (Professional and Academic Ethics)— emphasizes on anatomy and pathology as the basis of surgery, as also on the importance of a thorough knowledge of the subject and of the related sciences. For a surgeon, both academic qualifications and practical experience were considered equally important and essential. Surgeons were recognised as specialists.

Surgical treatment was carried out in three stages as is done even today, the pre-operative, operative and post operative stages.

The Third Part (Preoperative Ethics) beings by telling that "Forewarned is forearmed." All the problems were to be considered beforehand, patients were to be correctly diagnosed after taking proper history, thorough physical examination and investigations. Repeated assessment of the patient was advised to avoid being mislead during treatment. Self assessment of the doctor was considered necessary regarding his capabilities. The treatment was to be regulated according to the severity of the disease and the condition of the patient. Importance of the

power of resistence was shown. Choice was to be made between surgery and conservative treatment. All requirements for the operation were to be collected beforehand. The patient was given light diet only or was kept starving before the operation.

The Fourth Part (*Operative Ethics*) shows that asepsis and antisepsis was practised in India by Āyurvedic surgeons, long before the importance of bacteria was shown in Europe with the discovery of microscope. Caution and care in the use of instruments was advised. The four precautions advised in the use of knife then hold good exactly for the dermatome today. The incision was considered from its various aspects such as its qualities, the correct technique of incising, its direction, the counter incisions, extension of incision and dangers of improper incision. Consideration was given to the choice of operation. Importance of blood, of fluid replacement in time, and of replacement by an identical substance to that which has been lost was mentioned. Shock, first aid and artificial respiration on a sinking patient were known. Haemostasis was stressed and four methods of stopping the bleeding were practised. Final check up of the wound before closure was advised, and suturing was to be done by the correct technique. Cardiac arrest and its importance were shown.

The Fifth Part (*Post-operative Ethics*) deals with the post-operative ward and the bed, care of the patient, caution in the use of strong medicines, the post-operative dressings and bandages and the relief from pain. It was advised to check the result.

The Sixth Part deals with the ethics and importance of experimental surgery.

The Seventh Part is devoted to a consideration of the quacks.

The Eighth and Ninth Parts deal respectively with the ethics towards the dying and the ethics in emergency surgery.

8. It would have been much better if I had been able to give comments and paralled quotations from the modern text books and journals of surgery along with the Āyurvedic material. Due to the almost insatieable desire of Pt. Gaur Ji to be absolutely accurate in translating the Āyurvedic quotations, the publication already was getting long overdue. Addition of the critical notes would have delayed it further. However I am concious of the many omissions and errors that will be pointed out by the learned readers. These will be rectified and some more comments added on modern surgical principles at another occasion.

G. D. Singhal.

Varanasi Nov. 13th 1963.

ACKNOWLEDGEMENT

I express my sincere gratitude to Prof. K. N. Udupa, M. S., F. R. C. S. (C), F. A. C. S., Principal, College of Medical Sciences and Superintendent S. S. Hospital, Banaras Hindu University, Varanasi for his invalueable help and encouragement throughout the preparation of this work. I am also thankful to him for kindly writing the foreword.

My father-in-law, that great and eminent Indian Savant, late Prof. Dr. Raghuvira was responsible in no mean way for moulding my ideas from purely modern medicine and surgery to a keen interest in ancient Indian system of medical science—Āyurveda. He was an Indian in every drop of his blood, in every cell of his body and any feeling of nationality that I have in me today is due to him. Any amount of written words to express my sincere gratefulness to that revered figure would fall short of my respectful feelings for him.

Syt. J. Dalmia, one of the closest friends of Dr. Raghuvira, has provided me with indispensable help on occasions, more than one. Never have I turned in vain from him for any help that I required. Compared with his vast resources on the one hand and the highest Indian ideals that he holds on the other, one cannot but be impressed by his greatness. My own thought processes have been influenced in no small way by trying to emulate his great ideas.

Shri Jyoti Bhushan Ji Gupta, popularly and affectionately known as Bhaiyya Ji, honorary treasurer of the Banaras Hindu University has always been kind and helpful to me. His keen interest and constant proddings about the progress of my work, and his fatherly feelings towards me have always been a source of great inspiration and encouragement.

I am also grateful to Sh. N. H. Bhagwati, Vice-Chancellor of the Banaras Hindu University, Dr. Lokesh Chandra, Director International Academy of Indian Culture, New Delhi, Sh. Mohan Lal Ji Goenka of Bankura, Dr. D. S. Kothari, Chairman, University Grants Commission, New Delhi and to Prof. A.K. Narain, Principal, College of Indology, B. H. U. for their helpful criticisms and for their sincere desire to see the glorious past of India brought to the light of the day.

I would like to take this opportunity of thanking my wife for looking after the house and children so well, while I was busy preparing the manuscript and for never complaining when I should have given more time to her.

I am thankful to Sh. Atma Ram Ji Dhandhania of The Annapurna Mills, Varanasi for providing me with a Hindi typewriter, without which it would have been very difficult to prepare the press copy.

To Pt. Damodar Sharma Gour, I shall remain ever grateful for introducing me in such a lucid and masterly way, to a subject which I previously considered to have gone out of date. His invalueable co-operation and patience throughout the preparation of this work has been exemplary.

To the publishers, Sh. Chowkhamba Sanskrit Series Office, I express my feelings of indebtedness for so readily agreeing to publish the work and for bringing it out so soon and so efficiently. They have been doing a great service to the cause of Sanskrit and to that of India. Their patience, willingness and help at all times in the production of this work has heen enviable.

G. D. Singhal.

Varanasi Nov. 13th '63.

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आमुखम्

आयुर्वेदार्थतत्त्वाऽग्रहणपरतया हन्त पाश्चात्त्यतन्त्र-,
प्रायो लोकोऽभिजातस्तदिह विमुखतां हर्त्तुकामस्य नित्यम् ।
भूयो भूयोऽपि धन्वन्तरिकरुणतया वैद्यके प्राच्यतन्त्रे,
भक्तेर्बन्धाय भूयान्मम तु पुनरयं यत्नसन्तानतन्तुः ॥

इह खलु भारते वर्षे देशान्तरेभ्यो बहुकालात् प्रागेव लोकानुग्रहप्रवृत्तोऽष्टाङ्गप्रविभक्तः सुरनरतिर्य्यगायुरारोग्यप्रदो निखिलवैद्यकतन्त्राणां निदानभूतः शाश्वतिकश्चायुर्वेदोऽतिशयेन समुन्नतिपथमारूढो बभूवेति नाऽविदितमस्ति नीरजस्तमसामितिहासविदाम्। न च शास्त्रमिदं केवलम् इहलोकहितं सामान्यविज्ञानमात्रं किन्तर्हि पुरुषार्थचतुष्टयसाधकत्वादुभयलोकहितं पूर्णं क्रियात्मकं च जीवनदर्शनम्। आयुषो वेद आयुर्वेद इति संज्ञाऽप्यस्यान्वर्थैव। उच्यतेऽपि—

'अत्रायत्तमैहिकमामुष्मिकं च श्रेयः' इति ।

—सु० सू० १।४

'तस्यायुषः पुण्यतमो वेदो वेदविदां मतः ।
वक्ष्यते यन्मनुष्याणां लोकयोरुभयोर्हितम्' ।। इति च ।

—च० सू० १।४३

सर्वविधदुःखविमोचनपुरःसरम् अभ्युदयनिःश्रेयससिद्धिरेव च दर्शनशास्त्राणां परमं प्रयोजनम् ।

आयुर्वेदे हि यथा रोगो रोगहेतुरारोग्यं भैषज्यमिति सामान्योपक्रमदृशा व्यूहचतुष्टयं वर्ण्यते तथैव संसारः संसारहेतुर्मोक्षो मोक्षोपायश्चेति व्यूहचतुष्कमपि नैष्ठिकचिकित्साङ्गत्वेनोपवर्ण्यते। एवं तत्त्वमीमांसा, प्रमाणमीमांसा, तर्कवादमीमांसा, आचारमीमांसा, मनोमीमांसा चेति दर्शनाङ्गभूता विषयविशेषा अपि यथास्थलं

सुगुम्फिता दृश्यन्ते। आत्महितसम्पादनक्षमत्वे सति प्रजाहित-सम्पादनक्षमत्वं चायुर्वेददर्शनस्य दर्शनान्तरेभ्यो वैशिष्ट्यम्।

वयं चात्र सम्प्रति वेदस्यायुष आचारमीमांसैकदेशमधिकृत्य प्रवृत्ताः। सद्वृत्तं हि सर्वेषु क्षेत्रेषु परमावश्यकं विशेषतश्च चिकित्साक्षेत्रे। प्रतिक्षेत्रं स्वार्थपरायणताऽनुशासनहीनता च याऽवलोक्यते तयोर्हेतुः सद्वृत्तस्य शिक्षणानुपालनाऽभाव एवेति तद्विदः। पुण्यतममपि चिकित्साशास्त्रं सद्वृत्तहीनं चेद्धीनकोटिकं पण्यविक्रयमात्रं स्यात्। श्रूयते च--'यो मर्त्तुकामादपि हर्त्तुकामः' इति निन्दावचोऽपि। 'नार्थार्थं नापि कामार्थमथ भूतदयां प्रति। वर्त्तते यश्चिकित्सायां स सर्वमतिवर्त्तते'— इति चरकोक्तं (चि० १।४।५८) लक्ष्यं सद्वृत्तहीनानां न कथमपि सम्भवति। अतएवर्षिप्रणीतेषु संहिताग्रन्थेषु सद्वृत्ततया कृतः कर्त्तव्योपदेशः पदे पदे परिलक्ष्यते।

अथैकदा "न चैव ह्यस्ति सुतरमायुर्वेदस्य पारं तस्मादप्रमत्तः शश्वदभियोगमस्मिन् गच्छेत्" इति चरकोपदेशं, "कामये दुःखतप्तानां प्राणिनामार्त्तिनाशनम्" इति गीतोपदेशं च दिवानिशं कर्मण्यवतारयता विहृतायुर्वेदोपवनसौरभविमुग्धमानसेन सुश्रुतेनेव विश्रुतेन शल्यकोविदेन सर्वेषामस्माकमध्यक्षप्रवरेण डा० के० एन्० उडुपमहोदयेन सविशेषं जनोऽयमनुरुद्ध आयुर्वेदस्य शल्यतान्त्रिकाणां सद्वृत्तवचसां निबन्धनाय साङ्ग्लानुवादं प्रकाशनाय च। मयाऽपि यथामति काले तदेतत् सर्वं सम्पाद्य समर्पितम्, अवशिष्टं तु केवलमाङ्ग्लानुवादकार्यम्, यदर्थमहमपि चिरात् पात्रविशेषस्यानुकाङ्क्षायामासम्।

सौभाग्याच्चैकस्यां परिषदि नवशल्यतन्त्रकुशलेन भारतीयसंस्कृतौ बद्धसहजानुरागेण आयुर्वेदाध्ययनार्थं कमपि सहयोगिनमपेक्षमाणेन डा० जी० डी० सिंघलमहाशयेन सह मे परिचयो जातः संलापश्च। एकेनैकस्याकूतं सम्यगवबुद्धं निर्णीतञ्च यत् कुतो नावाभ्यां पङ्ग्वन्धन्यायेनापि नवसर्गारम्भः क्रियेत, येन नः पूर्वजानां निधिभूतस्यायुर्वेदस्य लीनं वैज्ञानिकं स्वरूपं जगतः

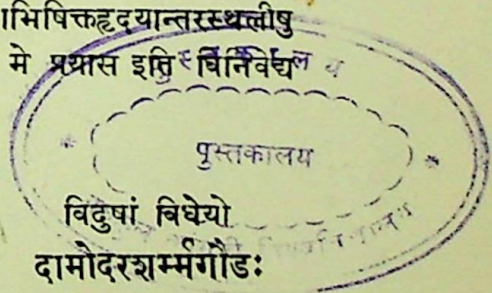
पुरस्तात् प्रकटीभवेत्, पाश्चात्त्यवैद्यबन्धुषु व्याप्तो भ्रमराशिश्च शनैः शनैर्दूरीभवेत्। परमसुहृदो डा० सिंघलमहोदयस्यायुर्वेदानुरागेण तत्त्वबुभूषया दृढसङ्कल्पेन क्रियातत्परतया कर्मकौशलेन च भृशं प्रभावितोऽहमादित एव।

अतः परञ्चावाभ्यां सोत्साहं कर्मणि प्रवृत्ताभ्यां निबन्धोऽयमापूरितो मासषट्केन, साधु संवृत्तश्चापि। सोऽयं भगवतो धन्वन्तरेरनुग्रह एव मन्तव्यः। प्रबन्ध एष नवसु प्रकरणानुक्रमेषु प्रविभक्तो वर्त्तते सामान्यसद्वृत्तम्, व्यावसायिकं शैक्षणिकं च सद्वृत्तम्, पूर्वकर्मसद्वृत्तम्, प्रधानकर्मसद्वृत्तम्, पश्चात्कर्मसद्वृत्तम्, योग्याकरणसद्वृत्तम्, कुवैद्यवृत्तम्, मुमूर्षुसद्वृत्तम्, आत्ययिकसद्वृत्तं चेति।

अथैवमेवान्यः "आदिबलजन्मबलप्रवृत्ताः प्रजाविकारा आयुर्वेदसम्बोधश्च" (Concept of the Hereditary and Congenital Anomalies in Āyurveda) इत्येवंसंज्ञक उभाभ्यामप्यावाभ्यां चिकित्साविज्ञानमहाविद्यालयस्य शारीरविभागाध्यक्षाणां डा० *समेरसिहमहोदयानां* सहयोगेन विरच्यमान आस्ते। सोऽप्यचिरेणैव प्रकाशमेष्यति।

एवं सुक्षेत्रे बीजन्यासबुद्ध्या क्रियमाणो युगानुरूपः प्रयत्नसन्तानः पाश्चात्यवैद्यबन्धूनां नवविज्ञानाभिषिक्तहृदयान्तरस्थलीषु आयुर्वेदाङ्कुरजनने प्रभवति चेत् सफलो मे प्रयास इति विनिवेद्य विरमति।

धन्वन्तरित्रयोदशी
२०२०
स्नातकोत्तरम् आयुर्वेदसंस्थानम्
हिन्दूविश्वविद्यालयः, काशी।

विदुषां विधेयो
दामोदरशर्म्मगौडः

धन्यवादार्पणम्

प्रबन्धमिममवधानेन निरीक्ष्य महनीययाऽवतारिकयाऽलङ्कुर्वतो मूलप्रवर्तकस्याध्यक्षप्रवरस्य डा० के० एन्० उडुपमहोदयस्य नामातिधारयामि । एवं मुद्रणे प्रकाशने च साहाय्यकारिणः चौखम्बासंस्थानाधिकारिणोऽपि मे चिरमनुस्मरणीयाः । डा० सिंघलमहाभागस्तु ग्रथितस्य प्रबन्धशरीरस्य प्राणभूतो ग्रथयितुश्च रसायनभूत एवेति किमधिकं ब्रुवे । सर्वेभ्य एवैभ्यो भूरि भूरि धन्यवादान् समर्पयति—

१३।११।६३
वाराणसी

स्नेहाधीनो
दामोदरशर्म्मगौडः

ABBREVIATIONS

Caraka Saṁhitā		C. S.
,, ,,	Sūtra Sthānam	C. S. I.
,, ,,	Nidāna ,,	C. S. II.
,, ,,	Vimāna ,,	C. S. III.
,, ,,	Shārira ,,	C. S. IV.
,, ,,	Indriya ,,	C. S. V.
,, ,,	Cikitsā ,,	C. S. VI.
,, ,,	Kalpa ,,	C. S. VII.
,, ,,	Siddhī ,,	C. S. VIII.
Kashyapa Saṁhitā		K. S.
Suśruta Saṁhitā		S. S.
,, ,,	Sūtra Sthānam	S. S. I.
,, ,,	Nidāna ,,	S. S. II.
,, ,,	Shārira ,,	S. S. III.
,, ,,	Chikitsā ,,	S. S. IV.
,, ,,	Kalpa ,,	S. S. V.
,, ,,	Uttar Tantra	S. S. VI.
Vāgbhatta (Younger)		V.
Vṛddha Vāgbhatta (Elder)		V. V.

Both Vāgbhattas	Sūtra Sthānam	I.
	Shārira ,,	II.
	Nidāna ,,	III.
	Cikitsā ,,	IV.
	Kalpa Siddhī	V.
	Uttar Tantra	VI.

SURGICAL ETHICS IN ĀYURVEDA

(शल्यतान्त्रिकं सद्वृत्तम्)

PART I

GENERAL ETHICS

(सामान्यं सद्वृत्तम्)

A. The would be medical graduate.

B. Qualities of a doctor in general.

C. The high ideals of medical profession.

D. The four great ethical principles.

E. Ideals of a doctor.

F. Doctor's duty towards the faithful patient.

G. Behaviour towards ladies.

H. Joint consultations.

I. Importance of differentiating between curable and non-curable cases.

J. Special qualities of a surgeon.

K. The nursing attendants.

PART I

GENERAL ETHICS

सामान्यं सद्वृत्तम्

(A) The Would Be Medical Graduate—

भिषग्बुभूषुर्मतिमान् अतः स्वगुणसम्पदि ।
परं प्रयत्नमातिष्ठेत् प्राणदः स्याद् यथा नृणाम् ॥

च० सू० १।१३३

"A wise student aspiring to be a doctor should try to increase his proficiency in all aspects to the best of his ability by all possible means so that he may be considered a life-giver to people."

C. S. I. 1. 133.

(B) Qualities of a Doctor in general—

Suśruta dealt with three essential aspects before a doctor was entitled to surgical practice.

(१) अधिगततन्त्रेण, उपासिततन्त्रार्थेन, दृष्टकर्मणा कृतयोग्येन, शास्त्रं निगदता, राजानुज्ञातेन, (२) नीचनखरोम्णा, शुचिना शुक्लवस्त्रपरिहितेन, ··· (३) सुमनसा, कल्याणाभिव्याहारेण, अकुहकेन, बन्धुभूतेन भूतानां, सुसहायवता वैद्येन विशिखाऽनुप्रवेष्टव्या ।

सु० सू० १०।३

(1) Completion of the Medical education—

"Practice can be started only after having read and thoroughly studied the science of medicine; having seen

and performed the operations himself; having passed the appropriate tests and thence obtained the permission of the governing authority."

(2) **External appearance—**

"The hairs should be worn short and the nails pared. Personal hygiene and cleanliness should have been taken care of. He should wear white and sober dress."

(3) **Personal behaviour—**

"On his visits he should go with a cool balanced mind, wishing every body, without trying to show-off and with an attitude of help to all. He should be accompanied by an able assistant."

S. S. I. 10. 3.

(C) **The High Ideals of Medical Profession—**

(१) नहि जीवितदानाद्धि दानमन्यद् विशिष्यते ।

च० चि० १।४।६१

"No other gift is better than the gift of life."

C. S. VI. 1. 4. 61.

(२) नार्थार्थं नापि कामार्थमथ भूतदयां प्रति ।
वर्त्तते यश्चिकित्सायां स सर्वमतिवर्त्तते ॥

च० चि० १।४।५८

"He, who treats his patients only on humanitarian grounds without desiring any money or personal benefit in return, supersedes all other physicians."

C. S. VI. 1. 4. 58.

(३) कुर्वते ये तु वृत्त्यर्थं चिकित्सापण्यविक्रयम् ।
ते हित्वा काञ्चनं राशिं पांशुराशिमुपासते ॥

च० चि० १।४।५९

"Those who trade their medical skill for personal livelihood can be considered as collecting a pile of dust, leaving aside the heap of real gold."

C. S. VI. 1. 4. 59.

(४) परो भूतदया धर्म इति मत्वा चिकित्सया ।
वर्त्तते यः स सिद्धार्थः सुखमत्यन्तमश्नुते ॥

च० चि० १।४।६२

"He, who regards kindness to humanity as his supreme religion and treats his patients accordingly, succeeds best in achieving his aims of life and obtains the greatest pleasures."

C. S. VI. 1. 4. 62.

(D) **The Four Great Ethical Principles—**

(१) सर्वत्र मैत्री करुणातुरेषु निरामदेहेषु नृषु प्रमोदः ।
मनस्युपेक्षाऽपकृतिं व्रजत्सु वैद्यस्य सद्वृत्तमलङ्करोति ॥

वृ० वा० उ० ५० (पृ ४१९)

"Friendship with all, sympathy towards the sick, feeling of profound satisfaction upon recovery and overlooking even those who feel ill towards him are sufficient to fulfil the ethical requirements of a doctor."

V. V. VI. 50 (p. 419).

(२) मैत्रीकारुण्यमार्त्तेषु शक्ये प्रीतिरुपेक्षणम् ।
प्रकृतिस्थेषु भूतेषु वैद्यवृत्तिश्चतुर्विधा ॥

च० सू० ९।२६

"Friendship, sympathy towards the sick, interest in cases according to one's capabilities and no attachment with the patient after his recovery-these are the four ethical principles of a doctor." C. S. 1. 9. 26.

(E) **Ideals of a Doctor**—

सर्वप्राणिभृतां शर्म आशासितव्यम् । अहरहरुत्तिष्ठता चोपविशता च सर्वात्मना चातुराणामारोग्ये प्रयतितव्यम् । जीवितहेतोरपि चातुरेभ्यो नाभिद्रोग्धव्यम् । मनसाऽपि परस्त्रियो नाभिगमनीयाः, सर्वं च परस्वम् । निभृतवेशपरिच्छदेन भवितव्यम् , अशौण्डेन, अपापेन, अपापसहायेन, श्लक्ष्णशुक्लधर्म्यधन्यसत्यशर्म्यहितमितवचसा, देशकालविचारिणा, स्मृतिमता, ज्ञानोत्थानोपकरणसम्पत्सु नित्यं यत्नवता च ।······ विज्ञानवताऽपि च नात्यर्थमात्मनो ज्ञाने विकत्थितव्यम् , आप्तादपि विकत्थमानादुद्विजन्त्येके ।

च० वि० ८।१३

"Always pray for the well-being of all creatures. Fullest effiorts should be tried to cure the sick throughout the day and night, however you may be engaged. Have no ill-feeling towards a patient even for the sake of your living or life. You should not commit adultery even in thought, nor covet others possessions. Try to be simple and modest in your dress as well as in appearance. Do not be a drunkard. Neither do a sin nor associate yourself with any sinner. Your language should be gentle, pure, righteous, courteous, worthy, true, wholesome and moderate. You should take your past experience into account. Always try to increase your knowledge and equipment. Do'nt boast too much of your knowledge, even though you may possess it. Others get offended by the boastfulness of even capable persons."

C. S. III. 8. 13.

(F) **Doctor's Duty Towards The Faithful Patient**—

मातरं पितरं पुत्रान् बान्धवानपि चातुरः ।
अप्येतानभिशङ्केत वैद्ये विश्वासमेति च ॥

विसृजत्यात्मनात्मानं न चैनं परिशङ्कते ।
तस्मात्पुत्रवदेवैनं पालयेदातुरं भिषक् ॥

सु० सू० २५। ४३, ४४

"The patient may doubt his relatives, his sons and even his parents but he has full faith in the physician. He gives himself up in the doctor's hand and has no misgivings about him. Therefore, it is the physician's duty to look after him as his own son."

S. S. I. 25. 43, 44.

(G) **Behaviour Towards Ladies—**

न स्त्रीभिः प्रेष्याभिरपि सहोपहासं गच्छेत्, न चासामपूजापुरस्कृतं नाम गृह्णीयात्, मान्यस्थानेनैव ब्रूयात्। न च भर्त्तुरविदितं स्त्रीभ्यः किञ्चिदादद्यात्, न चाविदितः प्रविशेत्।

कश्यप : (पृ० ४०-४१)

"He should not cut jokes with the ladies or even with female servants ; he should not call them by such names which appear undignified ; he should be respectful towards them. He should not try to mix up or be friendly with them. No offering of any kind should be accepted from a woman without the knowledge of her husband or guardian ; he should not enter the place without previous information."

K. S. p. 40, 41.

(H) **Joint Consultations—**

(१) वैद्यसमूहो निःसंशयकराणाम्।

च० सू० २५।४०

"Doubts can be cleared by a group of physicians."

C. S. I. 25. 40.

3

(२) न चान्यभिषग्भिर्विरोधं गच्छेत् ,
संयुक्तश्च तैरौषधं प्रकल्पयेत् ।

कश्यप० (पृ० ४१)

"You should not have ill feeling towards other physicians but the management should be done after consulting them."

K. S. p. 41.

(I) Importance of Differentiating between Curable and Non-curable Cases—

(१) साध्यासाध्यविभागज्ञो ज्ञानपूर्वं चिकित्सकः ।
काले चारभते कर्म यत्तत् साधयति ध्रुवम् ॥

च० सू० १०।७

"The doctor who differentiates intelligently between curable and non-curable cases and provides appropriate treatment to the former in time is always successful."

C. S. I. 10. 7.

(२) अर्थविद्यायशोहानिमुपक्रोशमसंशयम् ।
प्राप्नुयान्नियतं वैद्यो योऽसाध्यं समुपाचरेत् ॥

च० सू० १०।८

"The doctor who treats incurable cases definitely sustains a financial loss, diminishes his professional skill and reputation and also gets a bad name."

C. S. I. 10. 8.

(J) Special Qualities of a Surgeon—

शौर्यमाशुक्रिया शस्त्रतैक्ष्ण्यमस्वेदवेपथू ।
असम्मोहश्च वैद्यस्य शस्त्रकर्मणि शस्यते ॥

सु० सू० ५।१०

"Boldness, swiftness, sharpness of instruments, no sweating or trembling of hands and confidence are the praiseworthy qualities of a surgeon at the time of operation."

S. S. I. 5. 10.

(K) **The Nursing Attendants—**

शीलशौचाचारानुरागदाक्ष्यप्रादक्षिण्योपपन्नान् उपचारकुशलान् सर्वकर्मसु पर्य्यवदातान् सूपौदनपाचकस्नापकसंवाहकोत्थापकसंवेशकौषधपेषकांश्च परिचारकान् सर्वकर्मस्वप्रतिकूलान् (उपकल्पयेत्)।

च० सू० १५।७

"Only such nurses should be employed who have a noble character, are attentive towards cleanliness, are well behaved and affectionate towards the patient, are alert and have a helpful attitude, are expert in carrying out the ordered treatment and have a thorough knowledge of their job. In addition such nurses should also be employed who are dieticians, are expert in giving baths and shampoes, are masseures, or are expert in changing postures and in preparing medicines. They should faithfully and obediently carry out the given orders."

C. S. I. 15. 7.

PART II

PROFESSIONAL AND ACADEMIC ETHICS

(व्यावसायिकं शैक्षणिकं च सद्वृत्तम्)

A. There is no end to the learing of Āyurveda.

B. Anatomy and pathology as the basis of surgery.

C. Knowledge has to be thorough.

D. The value of related sciences.

E. Both academic qualifications and practical experience are equally important and essential.

F. The specialist and the specialities.

PART II

PROFESSIONAL AND ACADEMIC ETHICS.

व्यावसायिकं शैक्षणिकं च सद्वृत्तम्

(A) There is No End to The Learning of Āyurveda.

न चैव ह्यस्ति सुतरामायुर्वेदस्य पारम्। तस्मादप्रमत्तः शश्वदभियोगमस्मिन् गच्छेत्। ...... । भूयश्च वृत्तसौष्ठवमनसूयता परेभ्योऽप्यागमयितव्यम्। कृत्स्नो हि लोको बुद्धिमतामाचार्यः शत्रुश्चाबुद्धिमताम्।

च० वि० ८।१४

"There is no end to the learning of Āyurveda. Hence you should cautiously and constantly devote yourself to it. In addition, you should increase your professional skill by learning from others without being jealous. The intelligent would regard the whole world as their teacher, whereas the unintelligent would think the same as their enemy".

C. S. III. 8. 14.

(B) Anatomy and Pathology as the Basis of Surgery.

(१) शरीरसंख्यां यो वेद सर्वावयवशो भिषक्।
तदज्ञाननिमित्तेन स मोहेन न युज्यते॥

च० शा० ७।१९

"The surgeon who knows the structures fo all the organs of the body cannot be mislead into errors of anatomical ignorance."

C. S. IV 7. 19.

(२) शरीरे चैव शास्त्रे च दृष्टार्थः स्याद्विशारदः ।
दृष्टश्रुताभ्यां सन्देहमवापोह्याचरेत् क्रियाः ॥

सु० शा० ५।५१

"Only he can be considered an expert (surgeon) who is well versed in the practical and descriptive anatomy. Therefore, one should start the procedures (of surgery) after clearing away the doubts by actually seeing (the surgical anatomy concerned) and consulting (the appropriate literature)".

S.S. III. 5. 51.

(३) ज्ञानबुद्धिप्रदीपेन यो नाविशति तत्ववित् ।
आतुरस्यान्तरात्मानं न स रोगांश्चिकित्सति ॥

च० वि० ४।१२

"The physician who does not try to illuminate the patient's basic internal (pathological) derangements with the help of the light of his knowledge, can not treat the case properly."

C. S. III. 4. 12.

(C) Knowledge Has To Be Thorough.

सूक्ष्मा हि द्रव्यरसगुणवीर्यविपाकदोषधातुमलाशयमर्मसिरास्नायुसन्ध्यस्थिगर्भसम्भवद्रव्यसमूहविभागाः, तथा प्रनष्टशल्योद्धरणव्रणविनिश्चयभग्नविकल्पाः, साध्ययाप्यप्रत्याख्येयता च विकाराणाम्, एवमादयश्चान्ये सहस्रशो विशेषा ये विचिन्त्य-

माना विमलविपुलबुद्धेरपि बुद्धिमाकुलीकुर्युः किं पुनरल्पबुद्धेः, तस्मादवश्यमनुपदपादश्लोकमनुवर्णयितव्यमनुश्रोतव्यं च ।

सु० सू० ४।५

"Minute consideration of the drug (dravya) for their taste (rasa), medicinal properties (guṇa), potency or active principles (vīrya) and reactionary effects (vipāka); of humours (doṣa), tissues (dhātu) and excretory products (mala); of viscera (āśaya), vital organs (marma), vessels (sirā), nerves (snāyu); joints (sandhi) and bones and cartilages (asthi); of developmental factors of the foetus; of extraction of foreign matters lodged in the body; of differntial diagnosis of ulcers and wounds; of varieties of fractures and dislocations; of curability, palliativity and incurabiliiy of the diseases and of thousands of such other problems baffle even those learned persons who possess a clear and vast knowledge, what to speak of men with lesser intelligence. Hence, it is very necessary for the teachers to explain thoroughly each verse and part thereof and for the students to listen to these attentively."

S. S. I. 4. 5.

(D) **The Value of Related Sciences.**

(१) एकं शास्त्रमधीयानो न विद्याच्छास्त्रनिश्चयम् ।
तस्माद् बहुश्रुतःशास्त्रं विजानीयाच्चिकित्सकः ॥

सु० सू० ४।७

"A person who studies one branch of science only can not arrive at proper conclusions, therefore a physician should try to learn as many related sciences as possible."

S. S. I. 4. 7.

(२) अन्यशास्त्रोपपन्नानां चार्थानामिहोपनीतानामर्थवशात् तेषां तद्विद्येभ्य एव व्याख्यानमनुश्रोतव्यम् , कस्मान्नह्येकस्मिन् शास्त्रे शक्यः सर्वशास्त्राणामवरोधः कर्त्तुम् ।

सु० सू० ४।६

"In order to be able to understand the related sciences whose reference has to be taken in medical science because of necessity, one should listen to the lectures given by specialists of that branch, as it is not possible to include all branches of science in one subject."

S. S. I. 4. 6.

(३) सतताध्ययनं वादः परतन्त्रावलोकनम् ।
तद्विद्याचार्यसेवा च बुद्धिमेधाकरो गणः ॥

सु० चि० २८।२७

"In order to broaden your knowledge and outlook, you should study the subject regularly, take part in scientific debates and discussions, observe the allied sciences and take training from specialists of those branches."

S. S. IV. 28. 27.

(E) **Both Academic Qualifications and Practical Experience are Equally Important and Essential.**

(१) यस्तु केवलशास्त्रज्ञः कर्मस्वपरिनिष्ठितः ।
स मुह्यत्यातुरं प्राप्य प्राप्य भीरुरिवाहवम् ॥

सु० सू० ३।४८

"He who knows theory only but is not so good in practical work, gets bewildered on being confronted with a patient, in the same way as a coward feels on the battlefield."

S. S. I. 3. 48.

(२) यस्तु कर्मसु निष्णातो धाष्टर्याच्छास्त्रबहिष्कृतः ।
स सत्सु पूजां नाप्नोति वधं चार्हति राजतः ॥

सु० सू० ३।४९

"On the other hand, he, who is good in practical work because of his boldness, but lacks theoretical knowledge, is not respected in the cultured society ; actually he deserves punishment by the government."

S. S. I. 3. 49.

(३) उभावेतावनिपुणावसमर्थौ स्वकर्मणि ।
अर्धवेदधरावेतावेकपक्षाविव द्विजौ ॥

सु० सू० ३।५०

"Both these types of persons cannot be considered experts and they are not capable of doing their work properly; they possess one sided knowledge only and can be likened to birds who have one wing only."

S. S. I. 3. 50.

(४) यस्तूभयज्ञो मतिमान् स समर्थोऽर्थसाधने ।
आहवे कर्म निर्वोढुं द्विचक्रः स्यन्दनो यथा ॥

सु० सू० ३।५३

"Only that intelligent person who knows both theory and practical work is capable of obtaining success in the same way as only two wheeled vehicle is useful in the battle-field".

S. S. I. 3. 53.

(F) The Specialist And The Specialities.

The surgical case was advised to be handled only by a surgeon; The sub-specialities within surgery itself were recognised.

(१) पराधिकारेषु न विस्तरोक्तिः,
शस्तेति तेनात्र न नः प्रयासः ।

च० चि० २६।१३१

"It is not fair for a physician to interfere in the field of a surgeon, hence I am not going into the details of this subject."

C. S. VI. 26. 131.

(२) तत्र धान्वन्तरीयाणामधिकारः क्रियाविधौ ।
वैद्यानां कृतयोग्यानां व्यधशोधनरोपणे ॥

च० चि० ५।४४

"In such surgical cases, experienced surgeons only, well versed in the techniques of operation, aspiration and the art of healing, are authorised to perform operations."

C. S. VI. 5. 44.

(३) दाहे धान्वन्तरीयाणामत्रापि भिषजां बलम् ।
क्षारप्रयोगे भिषजां क्षारतन्त्रविदां बलम् ॥

च० चि० ५।६३

"Thus experts in the use of caustic or hot cauterization should only handle the cases which fall in their domain."

C. S. VI. 5. 63.

Classification : Preoperative, Operative and Post-Operative Stages—

त्रिविधं कर्म—पूर्वकर्म, प्रधानकर्म, पश्चात्कर्मेति,
तद् व्याधिं प्रति प्रत्युपदेक्ष्यामः ।

सु० सू० ५।३

"The entire course of surgical treatment is classified into three stages—Pūrva-Karma (Preoperative Measures), Pradhāna Karma (Operative Procedures) and Paśchāta-Karma (Post-operative Care). Each disease will be dealt with according to these headings."

S. S. I. 5. 3.

PART III

PRE-OPERATIVE ETHICS

(पूर्वकर्मसद्वृत्तम्)

A. Forewarned is forearmed.

B. Self assessment.

C. The correct pre-operative diagnosis.

D. Emphasis on thorough history taking, physical examination and repeated assessment.

E. The treatment should be regulated according to the severity of the disease and the condition of the patient.

F. Importance of the power of resistance.

G. Choice between surgery and conservative treatment.

H. The requirements should be collected beforehand.

I. Pre-operative localisation of the foreign body.

J. Pre-operative light diet and starvation.

PART III

PREOPERATIVE ETHICS

पूर्वकर्मसद्वृत्तम्

(A) **Forewarned is Forearmed.**

(१) परीक्ष्यकारिणो हि कुशला भवन्ति ।

च० सू० १०।५

"Safety is in their hands only who give consideration to all the problems beforehand."

C. S. I. 10. 5.

(२) परीक्षायास्तु खलु प्रयोजनम् प्रतिपत्तिज्ञानम् ।

च० वि० ८।१३२

"The aim of thorough (preoperative) examination is to foresee the problems that they might have to face and to have thought about the methods to tackle them."

C. S. III. 8. 132.

(३) ज्ञानपूर्वकं कर्मणां समारम्भं प्रशंसन्ति कुशलाः ।

च० वि० ८।६८

"The experts advice that before taking any problem in hand, prior consideration should be given to it intelligently."

C. S. III. 8. 68.

(४) तस्माद् भिषक् कार्यं चिकीर्षुः प्राक् कार्यसमारम्भात् परीक्षया केवलं परीक्ष्यं परीक्ष्याथ कर्म समारभेत कर्त्तुम् ।

च० वि० ८।७९

"Therefore a practitioner who is keen to carry out any procedure should first of all examine and thoroughly investigate the same before carrying on the actual treatment."

C. S. III. 8. 79.

(५) सम्यगभिनिर्वर्त्तमानः कार्याभिनिर्वृत्ताविष्टफलानुबन्धं कार्यमभिनिर्वर्त्तयत्यनतिमहता प्रयत्नेन ।

च० चि० ८।८६

"A person who does his work in a correct and methodical way completes it easily and obtains the desired results."

C. S. III. 8. 68.

(६) प्रवृत्तिनिवृत्तिलक्षणसंयोगे तु गुरुलाघवं सम्प्रधार्य सम्यग् अध्यवस्येद् अन्यतरनिष्ठायाम् ।

च० वि० ८।१३४

"In complicated cases where some of the signs and symptoms indicate and others contraindicate a particular form of treatment, the pros and cons of both should be weighed thoroughly before arriving at a proper conclusion, which should then be carried out."

C. S. III. 8. 134.

(B) **Self Assessment.**

आत्मानमेवादितः परीक्षेत गुणेषु,········कच्चिदहमस्य कार्यस्याभिनिर्वर्त्तने समर्थोऽस्मि न वेति ।

च० वि० ८।८६

"First of all one should consider his own merits as to whether he is capable of performing that particular work or not."

C. S. III. 8. 86.

(C) The Correct Preoperative Diagnosis.

(१) विप्रतिपन्नास्तु खलु रोगविज्ञाने, उपक्रमयुक्तिज्ञाने विप्रतिपद्यन्ते ।

च० वि० ७।४

"Those who really fail to diagnose a case correctly are also not able to render the correct treatment."

C. S. III. 7. 4.

(२) त्रिविधं खलु रोगविशेषविज्ञानम् , तद्यथा आप्तोपदेशः प्रत्यक्षमनुमानं चेति ।

च० वि० ४।३

"There are three methods of diagnosing a case—a sound theoretical knowledge gained by a review of the authoritative literature; complete physical examination of the patient; and a process of deriving the proper inference."

C. S. III. 4. 3.

(३) त्रिविधेन खल्वनेन ज्ञानसमुदयेन पूर्वं परीक्ष्य रोगं सर्वथा सर्वमथोत्तरकालमध्यवसानमदोषं भवति । न हि ज्ञानावयवेन कृत्स्ने ज्ञेये ज्ञानमुत्पद्यते ।

च० वि० ४।५

"When a conclusion is derived after thorough consideration of the problem from these three aspects, it is without any error. Full concept about the case cannot be achieved by considering it in parts only."

C. S, III. 4. 5

(D) **Emphasis on Thorough History Taking, Physical Examination and Repeated Assessment.**

(१) मिथ्यादृष्टा विकारा हि दुराख्यातास्तथैव च ।
तथा दुष्परिमृष्टाश्च मोहयेयुश्चिकित्सकम् ॥

सु० सू० १०।७

"Not taking a correct history and not doing a thorough examination by inspection and palpation can mislead the physician."

S. S. I. 10. 7.

(२) प्रश्नेन च विजानीयाद् देशं कालं जातिं सात्म्यमातङ्कसमुत्पत्तिं वेदनासमुच्छ्रायं बलमन्तरग्निं वातमूत्रपुरीषाणां प्रवृत्त्यप्रवृत्ती कालप्रकर्षादींश्च विशेषान् ।

सु० सू० १०।५

"The following points should be specially interrogated from the patient—residence; climate of the locality concerned; race and caste; the articles which suit his constitution and those to which he is sensitive, onset and history of present illness. The intensity and nature of pain, general health, appetite, bowel, micturition, duration of illness etc."

S. S. I. 10. 5.

The history included the following points also—

(३) तत्र प्रकृतिर्जातिप्रसक्ता च कुलप्रसक्ता च देशानुपातिनी च कालानुपातिनी च वयोऽनुपातिनी च प्रत्यात्मनियता चेति । जातिकुलदेशकालवयःप्रत्यात्मनियता हि तेषां तेषां पुरुषाणां ते ते भावविशेषा भवन्ति ।

च० इ० १।५

"Race and caste, familiar peculiarities, residence, climatic conditions of that place, age and personal habits

of the patient—these are the factors which influence the individual variations amongst persons."

C. S. V. 1. 5.

(४) तस्मादातुरं परीक्षेत प्रकृतितश्च विकृतितश्च सारतश्च संहननतश्च प्रमाणतश्च सात्म्यतश्च सत्वतश्च आहारशक्तितश्च व्यायामशक्तितश्च वयस्तश्चेति, बलप्रमाणविशेषग्रहणहेतोः।

च० वि० ८।९४

"The constitutional pattern, pathological state, condition of the components, compactness and somatometric measurements of the body, dietary habits, psychological make-up, appetite and digestive power, exercise tolerance, and age of the patient should be examined and considered to ascertain the degree of his strength."

C. S. III. 8. 94.

(५) मुहुर्मुहुश्च रोगाणामवस्था आतुरस्य च।
अवेक्षमाणस्तु भिषक् चिकित्सायां न मुह्यति॥

"The physician, who repeatedly assesses the disease process and examines the condition of the patient, is not mislead easily in treatment."

(६) व्याध्यवस्थाविशेषान् हि ज्ञात्वा ज्ञात्वा विचक्षणः।
तस्यां तस्यामवस्थायां तत्तच्छ्रेयः प्रपद्यते॥

च० नि० ८।३७

"The wise doctor, recognising the different stages of the disease process, prescribes the appropriate treatment for those conditions."

C. S. II. 8. 37

(७) आतुरमुपक्रममाणेन भिषजाऽऽयुरादावेव परीक्षितव्यम् , सत्यायुषि व्याध्यृत्वग्निवयोदेहबलसत्त्वसात्म्यप्रकृतिभेषजदेशान् परीक्षेत ।

सु० सू० ३५।३

"Before starting the treatment of a patient, his expectancy of life must be determined by the physician. In hopeful cases, the examination should be conducted along these lines—nature of the disease, residence and seasonal variations, appetite, age, physical condition and general health of the body, psychological aspects, the articles which suit his constitution and those to which he is sensitive, temperament of the patient and consideration of appropriate treatment."

S. S. I. 35. 3.

(E) **The Treatment Should be Regulated According to the Severity of The Disease And The Condition of the Patient—**

(१) तत्र सर्वाण्येवौषधानि व्याध्यग्निपुरुषबलान्यभिसमीक्ष्य विदध्यात् ।

सु० सू० ३९।१०

"All forms of treatment should be done only after full consideration of the intensity of the disease, the general condition of the patient and his digestive and metabolic powers."

S. S. I. 39. 10.

(२) न ह्यतिबलान्याग्नेयसौम्यवायवीयान्यौषधानि अग्निक्षारशस्त्रकर्माणि वा शक्यन्तेऽल्पबलैः सोढुम् । तथा बलवति बलवद्व्याधिपरिगते स्वल्पमौषधमपरीक्षकप्रयुक्तमसाधकम् भवति ।

च० वि० ८।९४

"Very powerful medicines, thermal and caustic treatment or major surgical procedures are beyond the capacity of toleration by the patients with poor general condition. Similarly, weak medicines given without adequate consideration to a strong patient with severe disease is not successful."

C. S. III. 8. 94.

(३) अतिस्थूलो दुर्बलोऽपचितो वा व्याधिबलमेव तावदसमर्थः सोढुं किं पुनस्तथाविधो भेषजमेवम्वेगम् । अतिबलानि संशोधनानि तथाग्निक्षारशस्त्रकर्माण्यल्पसत्वमातुरमल्पबलं वा अतिपातयेयुः ।

वृ० वा० सू० २३ (पृ० १७०)

"Very obese, very weak or emaciated patients cannot bear the brunt of the disease, let alone the burden of excessively powerful treatment. Such patients usually succumb to strong eliminating medicines, very energetic thermal and caustic treatment and major operations."

V. V. I. 23. (p. 170).

(F) Importance of the Power of Resistance—

(१) तत्र वयःस्थानां दृढानां प्राणवतां सत्ववतां च सुचिकित्स्या व्रणाः; एकस्मिन् वा पुरुषे यत्रैतद् गुणचतुष्टयं तस्य सुखसाधनीयतमाः ।

सु० सू० २३।३

"The wounds heal very well in the following types of persons–young, strong and in patients with good physical and mental stability. If all the four qualities are present in a patient, it is a pleasure to treat his wound."

S. S. I. 23. 3.

(२) स क्षीणः कृच्छ्रतां याति यात्यसाध्यत्वमेव च ।
तस्माद् रक्षेद् बलं पुंसां बले सति हि जीवितम् ॥

सु० उ० ३९।१४७

"Unless taken care of, a patient in poor general condition goes from bad to worse and later he may go beyond possibility of any recovery. As life depends on the power of resistance, every effort should be made to protect it and increase it."

S. S. VI. 39. 147.

(G) **Choice between Surgery and Conservative Treatment.**

(१) कुशलस्यापि वैद्यस्य यतः सिद्धिरिहाऽध्रुवा ।
उपक्रमो जघन्योऽयमतः स परिकीर्त्तितः ॥

सु० चि० ७।२८

"As it is impossible to guarantee success in such cases by even experienced surgeons, it is recommended that this type of surgical procedure should be done only as a last resort."

S. S. IV. 7, 28.

(२) अक्रियायां ध्रुवो मृत्युः क्रियायां संशयो भवेत् ।
तस्मादापृच्छ्य कर्त्तव्यमीश्वरं साधुकारिणा ॥

सु० चि० ७।२९

"When death is certain by non-operative treatment and surgery offers the only doubtful hope, it should be carried out after taking the consent of the guardian in order to justify himself."

S. S. IV. 7. 29.

(H) The Requirements Should be Collected Beforehand.

(१) भिषजा प्रागेव सम्भारा उपकल्पनीया भवन्ति । न हि सन्निकृष्टे काले प्रादुर्भूतायामापदि सत्यपि क्रयाक्रये सुकरमाशु सम्भरणमौषधानां यथावत् ।

च० सू० १५।३

"The doctor should collect and get ready with all the requirements beforehand. Although facilities for getting the things may be there, at the crucial moment when complications arise, it is not equally easy as if the drugs were available then and there."

C. S. I. 15. 3.

(२) अतोऽन्यतमं कर्म चिकीर्षता वैद्येन पूर्वमेवोपकल्पयितव्यानि यन्त्रशस्त्रक्षाराग्निशलाकाश्रृङ्गजलौकालाबूजाम्बवौष्ठपिचुप्रोतसूत्रपत्रपट्टमधुघृतवसापयस्तैलतर्पणकषायालेपनकल्कव्यजनशीतोष्णोदककटाहादीनि, परिकर्मिणश्च स्निग्धाः स्थिरा बलवन्तः ।

सू० सू० ५।६

"A surgeon wishing to do an operation should collect the following things beforehand : instruments (both blunt and sharp), caustics, fire, probes (includes other such rod like insruments as sound, director etc.), horn (an instrument used for cupping), leeches, gourd (blood sucking apparatus), jāmbavoṡtha (a cauterizing needle or probe), cotton, gauze, suture and ligature materials, medicinal leaves, bandages, honey, ghee, lard, milk, oil (to be used as ointment and soothing dressing), refreshing liquids, decoctions, ointments, paste, fans (coolers), cold water, hot water and bowls etc.

He should also have a team of assistants who should be affectionate, steady and strong."

S. S. I. 5.6.

(I) Preoperative Localisation of the Foreign Body.

शल्याकृतिविशेषांश्च स्थानान्यावेक्ष्य बुद्धिमान् ।
तथा यन्त्रपृथक्त्वं च सम्यक् शल्यमथाहरेत् ॥

सु० सू० २७।२३

"Wise surgeon should find out the exact size and shape of the foreign body, its exact location in the body should be known beforehand and appropriate instrument for its removal selected preoperatively, before taking the foreign body out."

S. S. I. 27. 23.

(J) Preoperative Light Diet and Starvation:

(१) ······लघुभुक्तवन्तम्······आतुरम्······ ।

सु० सू० ५।७

"Before all operations the patient should take light diet only."

S. S. I. 5. 7.

(२) मूढगर्भोदराशोंऽश्मरीभगन्दरमुखरोगेष्वभुक्तवतः कर्म कुर्वीत ।

सु० सू० ५।१६

"The patient should be completely starving before such surgical procedures as artificial or instrumental delivery, abdominal conditions, piles, calculus disease, fistula-in-ano, and surgical conditions of the mouth."

S. S. I. 5. 16.

PART IV

OPERATIVE ETHICS

(प्रधानकर्मसद्वृत्तम्)

A. Asepsis and Antisepsis.
B. Care in the use of instruments.
C. The Incision.
   (1) Qualities of an incision.
   (2) The correct technique of incision.
   (3) Direction of incision.
   (4) The counter incisions.
   (5) Extension of incision.
   (6) Dangers of improper incision.
D. Choice of operation.
E. Importance of blood.
F. Importance of fluid replacement in time.
G. Replacement by identical substance which has been lost.
H. Shock.
I. Careful Hæmostasis.
J. Final Check up before closure.
K. The correct technique of suturing.
L. Cardiac arrest.

PART IV

OPERATIVE ETHICS

प्रधानकर्मसद्वृत्तम्

(A) **Asepsis And Antisepsis.**

(१) निशाचरेभ्यो रक्ष्यस्तु नित्यमेव क्षतातुरः ।

सु० उ० ६०।३

"Patients in whom there is a break in the continuity of tissues should always be protected from dangerous and invisible creatures (niśācara)."

S. S. VI. 60. 3.

Note : It is remarkable that the conception of dangerous and invisible creatures existed in those days, even in the absence of microscope.

(२) हिंसाविहाराणि हि महावीर्याणि रक्षांसि······मांसशोणितप्रियत्वात् क्षतजनिमित्तं व्रणिनमुपसर्पन्ति ।

सु० सू० १९।२३

"The powerfully virulent and harmful organisms, to whom flesh and blood is very dear, invade the patient's tissues through the portals of entry of ulcers and wounds."

S. S. I. 19. 23.

Note : To-day the bacteriologist employs meat broth and blood agar plates to culture the bacteria.

(३) नाऽसंवृतमुखः कुर्य्यात् क्षुतिहास्यविजृम्भणम् ।

वा० सू० २।३५

"One should not sneeze, laugh or yawn without covering the mouth."

V. I. 2. 35.

Note : This was to prevent airborne bacterial infection, the organisms coming from nose or mouth. No one is permitted to enter the modern operation theatre without a cap and mask for the same reason.

(4) **Protection of the wound from flies.**

मक्षिका व्रणमागत्य निःक्षिपन्ति यदा क्रमीन् ।
श्वयथुर्भक्षिते तैस्तु जायते भृशदारुणः ॥

सु० चि० १।११९

"When flies come and drop the invisible organisms on the wound they flourish on it and a severely painful swelling appears."

S. S. IV. 1. 119.

(५) अग्नितप्तेन शस्त्रेण, छिन्द्यात्…… ॥

सु० चि० २।४६

(अन्यथाऽतप्तशस्त्रच्छेदने पाकभयं स्यात्—डल्हण :)

"The surgical instruments should be used only after having been heated in the fire. (Otherwise by using unheated instrument the risk of suppuration is present—Commentary by Dalhaṇa on the same)."

S. S IV. 2. 46.

Note : Could there be any better exposition of aseptic surgery ? Suśruta should really be called 'Originator of Aseptic Surgery.'

(६) भग्नं नैति यथा पाकं प्रयतेत तथा भिषक् ।
पक्वमांससिरास्नायु तद्धि कृच्छ्रेण सिध्यति ॥
सु० चि० ३।६९

"The surgeon should make efforts so that in (compound) fracture infection does not supervene. Because suppuration of muscles, ligaments, vessels and nerves lead to great difficulties in the healing of fracture."
S. S. IV. 3. 69.

(B) **Care in the Use of Instruments.**

(१) शस्त्रक्षाराग्नयो यस्मान्मृत्योः परममायुधम् ।
अप्रमत्तो भिषक् तस्मात्तान् सम्यगवचारयेत् ॥
वृ० वा० सू० ४० (पृ० २७४)

"As sharp instruments, caustics and thermal cautery are great weapons of death, the surgeon should use them very carefully with a balanced state of mind."
V. V. I. 40. (p. 274)

(२) अजानता गृहीते तु शस्त्रे कायनिपातिते ।
भवन्ति व्यापदश्चैता बह्वश्चाप्युपद्रवाः ॥
सु० शा० ८।२१

"When a person unconversant with the handling of surgical instruments, uses them on the patients, above mentioned accidents and other complications are liable to occur."
S. S. III. 8. 21.

(3) **An Advice to the Plastic Surgeons in the use of Dermatomes.**

यदा सुनिशितं शस्त्रं रोमच्छेदि सुसंस्थितम् ।
सुगृहीतं प्रमाणेन तदा कर्मसु योजयेत् ॥
सु० सू० ८।१४

"When the blade of the knife has been made so sharp that it can slice the hair into two, the different parts of the instruments have been fixed properly, the adjustments regarding the measurements have been done correctly and it has been held in the proper way, only then should it be used in surgical operations."

S. S. I. 8. 14.

Note : Every single word mentioned here holds true till to-day.

(C) THE INCISION.

(1) Qualities of an Incision.

तत्रायतो विशालः समः सुविभक्तो निराश्रय इति व्रण-गुणाः।

सु० सू० ५।८

"These are the qualities of a good incision—it should be of adequate length, extensible, having regular and uniformly cut edges, having all the layers cleanly incised and should be independent."

S. S. I. 5. 8.

(2) The Correct Technique of Incising.

सकृदेवापहरेच्छस्त्रमाशु च।

सु० सू० ५.७

"The incision should be made swiftly in one stroke only."

S. S. I. 5. 7.

Note : "A sharp knife should always be used and the skin should be cut cleanly at one stroke throughout the distance required."

(Farquharson, 1962)

(3) **Direction of incision.**

(१) अनुलोमं शस्त्रं निदध्यात् ।

सु० सू० ५।७

"The incision should be made in the direction of hairs."

S. S. I. 5. 7.

(२) तत्र भ्रूगण्डशङ्खललाटाक्षिपुटौष्ठदन्तवेष्टककक्षाकुक्षिवङ्क्षणेषु तिर्यक् छेद उक्तः ।

सु० सू० ५।१३

"The incision should be oblique in the following regions—eyebrow, cheek, temple, forehead, eyelid, lip, gum, axilla, belly and groin."

S. S. I. 5. 13.

(३) चन्द्रमण्डलवच्छेदान् पाणिपादेषु कारयेत् ।
अर्धचन्द्राकृतींश्चापि गुदे मेढ्रे च बुद्धिमान् ॥

सु० सू० ५।१४

"The experienced surgeon should make the incision like a full moon (circular), or like a half-moon (semicircular) in the upper and lower limbs and about the anus and penis."

S. S. I. 5. 14.

Note : Examples of circular incisions are limb amputations, circumcision and partial amputation of the penis. The value of making semicircular incisions along lines of cleavage (Langer's lines) has been recognised only lately. "Surgical incisions made along Langer's lines heal with a minimum of scar tissue, incisions across the lines heal with a heaped up or broad scar."

(Last, 1959)

5

(4) **The Counter Incisions.**

एकेन वा व्रणेनाऽशुध्यमाने नाऽन्तरा बुद्ध्याऽवेक्ष्याऽपरान् व्रणान् कुर्य्यात् ।

सु० सू० ५।११

"Counter incisions should be given at some distance, if one incision is not enough to clear the wound completely."

S. S. I. 5. 11.

Note : Counter incisions have to be given to provide adequate drainage, e. g. in dependent parts after incising a breast abscess and in flanks after splenectomy or cholecystectomy etc.

(5) **Extension of Incision.**

यतो यतो गतिं विद्यादुत्सङ्गो यत्र यत्र च ।
तत्र तत्र व्रणं कुर्याद् यथा दोषो न तिष्ठति ॥

सु० सू० ५।१२

"In whichever direction, the tracks lead and wherever pockets are present, at all those places incisions should be made so that no offensive material should be left."

S. S. I. 5. 12.

(6) **Dangers of Improper Incision.**

अन्यथा तु सिरास्नायुच्छेदनम् , अतिमात्रं वेदना, चिराद् व्रणसंरोहो, मांसकन्दीप्रादुर्भावश्चेति ।

सु० सू० ५।१५

"If the above mentioned precautions are not taken, there is danger of injuring the blood vessels and nerves

and causing excessive pain. There is also a delay in wound healing and keloids are likely to form."

S. S. I. 5. 15.

(D) **Choice of Operation.**

(१) स्वबुद्ध्या चापि विभजेत् कृत्याकृत्यांश्च बुद्धिमान् ।

सु० सू० १८।३४

"The learned, with the help of his own knowledge, should try to choose between the procedures which should be carried out from those which have to be rejected."

S. S. I. 18. 34.

(२) उत्पद्येत हि साऽवस्था देशकालबलं प्रति ।
यस्यां कार्यमकार्यं स्यात् कर्म कार्यं च गर्हितम् ॥

च० सि० २।२६

"Circumstances arise sometimes, depending upon the part affected, age and general condition of the patient or upon the residence of the patient, the prevailing climatic conditions and the severity of the disease, when a recommended procedure become contraindicated and a prohibited method of treatment becomes indicated."

C. S. VIII. 2. 26.

(३) न चैकान्तेन निर्दिष्टेऽप्यर्थेऽभिनिविशेद् बुधः ।
स्वयमप्यत्र वैद्येन तर्क्यं बुद्धिमता भवेत् ॥

च० सि० २।२५

"The wise doctor should not adhere exclusively to what is written in the books, but use his own discretion and reasoning."

C. S. VIII. 2. 25.

(४) तस्मात् सत्यपि निर्दिष्टे कुर्यादूह्यं स्वयं धिया ।
विना तर्केण या सिद्धिर्यदृच्छासिद्धिरेव सा ॥

च० सि० २।२८

"Although the authorities may recommend a certain procedure, one should himself think about it intelligently, because an unreasoned out procedure, even if it is successful can be considered only a chance success."

C. S. VIII. 2. 28.

(E) **Importance of Blood.**

(१) देहस्य रुधिरं मूलं रुधिरेणैव धार्यते ।
तस्माद् यत्नेन संरक्ष्यं रक्तं जीव इति स्थितिः ॥

सु० सू० १४।४४

"Blood is the origin of body ; the body totally depends upon it, hence every attempt must be made to preserve it. In other words blood is equivalent to the life itself."

S. S. I. 14. 44.

(२) तद्विशुद्धं हि रुधिरं बलवर्णसुखायुषा ।
युनक्ति प्राणिनं प्राणः शोणितं ह्यनुवर्तते ॥

च० सू० २४।४

"Pure blood (containing adquate amounts of all its constituents) imparts strength, complexion and a healthy life to the individual. Actually the whole mode of life of a person depends upon blood."

C. S. I. 24. 4.

(F) **Importance of Fluid Replacement in Time.**

सद्यः क्षीणो हि सद्यो वै तर्पणेनोपचीयते ।

च० सू० २३।३१

"In a case of quick loss of fluid, immediate replacement restores the balance and stabilizes the patient."

C. S. I. 23. 31.

(G) **Replacement by Identical Subtance Which Has Been Lost.**

तत्रापि स्वयोनिवर्धनद्रव्योपयोगः प्रतीकारः ।

सु० सू० १५।१०

"Best treatment of any lost substance is replacement by an identical expander."

S. S. I. 15. 10.

Note—Modern treatment of burns with plasma loss demands that plasma or its substitute dextraven should be given as plasma expander within the first 48 hours of burn.

(H) **Shock.**

(१) रुजाभिभूतं तु ततः शरीरम्,
प्रलीयते नश्यति चास्य संज्ञा ।
अतो हि शल्यं विनिहर्त्तुमिच्छन्,
मर्माणि यत्नेन परीक्ष्य कर्षेत् ॥

सु० शा० ६।२०

"After an accident or foreign body introduction, the body feels intense amount of pain and conciousness is gradually lost, resulting in shock. In case surgical intervention is required and extraction is considered desirable, it should be done only after carefully examining the vital organs."

S. S. III. 6. 20.

(2) **First Aid and Artificial Respiration for Impending Shock on a Sinking Patient.**

शीतलेन जलेनैनं मूर्च्छन्तमवसेचयेत् ।
संरक्षेदस्य मर्माणि मुहुराश्वासयेच्च तम् ॥

सु० सू० २७।११

"Cold water should be sprinkled on the patient who is gradually loosing conciousness, his vital parts should be protected and his breath should be revived again and again."

S. S. I. 27. 11.

(I) **Careful Haemostasis.**

(१) अथ शल्यमुद्धृत्य, निर्लोहितं व्रणं कृत्वा, स्वेदार्हमग्निघृतप्रभृतिभिः संस्वेद्यावदह्य, प्रदिह्य सर्पिर्मधुभ्यां, बद्ध्वा चाचारिकमुपदिशेत् ।

सु० सू० २७।१२

"After incision and removal of the cause of trouble[1] and having made the wound bloodless[2]; having fomented with heat or by applying warm ghee[3] etc.: having caute-

1. The reference to context in this chapter is that of extraction of foreign bodies, although the word 'Shalya' has been used in Āyurved to imply all those causes in which their surgical removal is urgently indicated, e. g. any foreign body, collected pus, obstructed foetus, concoeled haematoma, tumours. etc.
2. Modern surgery emphasizes on meticulous haemostasis. The hazards of improper control of bleeding are only too well known.
3. Making the ghee hot would probably have sterilized it and its application on the wound would have served two

rized[1], if necessary, having applied a paste of ghee and having bandaged, instructions should be given regarding its further management."

S. S. I. 27. 12.

(२) चतुर्विधं यदेतद्धि रुधिरस्य निवारणम् ।
सन्धानं स्कन्दनं चैव पाचनं दहनं तथा ॥

सु० सू० १४।३९

"These are the four methods of stopping the bleeding-sandhānam[2], skandanam[3], pācanam[4], and dahnam[5]."

S. S. I. 14. 39.

(J) **Final Check-up Before Closure.**

(१) पांशुरोमनखादीनि चलमस्थि भवेच्च यत् ।
अहृतानि यतोऽसूनि पाचयेयुर्भृशं व्रणम् ॥
रुजश्च विविधाः कुर्युस्तस्मादेतान् विशोधयेत् ॥

सु० सू० २५।१८, १९

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purposes—haemostasis and a soothing effect, especially during surgery on a concious or semiconcious patient as was practised in those days. Hot swabs are used even to-day to check the bleeding and clean the surgical wounds.

1. Cauterization is a valuable method of haemostasis in surgery to-day. The diathermy machine used for coagulating or cutting is an indispensable armamentarium of the modern operation theatre. Many scientific articles have been published on its use.
2. Process of helping the inherent tendency of vessels to contract by applying astringent lotions.
3. Process of thickening or coagulating the local blood.
4. Process of setting up suppuration in the wound.
5. Process of cauterisation.

"Dust. hairs, nails, loose bone-pieces and such other (foreign) matter, when found in the wound (befor closure), should be removed, because if they are not removed, they would produce extensive suppuration and different types of pain."

S. S. 25. 18, 19.

(२) यथास्थानं स्थिते सम्यग् अन्त्रे सीव्येदनुव्रणम् ।
स्थानादपेतमादत्ते जीवितं कुपितं च तत् ॥

वा० उ० २६।४७

"The parities should be sutured only after replacing the intestines correctly at their appropriate places. If it remains displaced (from its normal anatomical position), it can create trouble to the extent of taking life."

V. VI. 26, 47.

(K) **The Correct Technique of Suturing.**

ततो व्रणं समुन्नम्य स्थापयित्वा यथास्थितम् ।
सीव्येत् सूक्ष्मेण सूत्रेण.................. ॥

सु० सू० २५।२०

"Then, having raised the edges of the wound and having brought them into apposition, they should be sutured by a fine thread."

S. S. I. 25, 20.

(L) **Cardiac arrest.**

(१) आज्यशेषेण चास्य प्राणान् समालभेत ।

सु० सू० ५।१८

प्राणशब्देनात्र हृदयादय उच्यन्ते,
प्राणाधिष्ठानत्वात्; तान् समालभेत म्रक्षयेद्
अभ्यञ्जयेदित्यर्थः, प्राणाप्यायनार्थम्—

—डल्हणः

"Ghee should be massaged over the vital parts for the recovery of life."

S. S. I. 5. 18 and Dallhaṇa.

(It could be considered a variant of external cardiac massage advocated recently by Kouwenhoven et al (1960), and others in place of open chest cardiac massage for cases of cardiac arrest.)

(२) स ना संन्याससंन्यस्तः काष्ठीभूतो मृतोपमः ।
प्राणैर्वियुज्यते शीघ्रं मुक्त्वा सद्यःफलां क्रियाम् ॥
दुर्गेऽम्भसि यथा मज्जद् भाजनं त्वरया बुधः ।
गृह्णीयात् तलमप्राप्तं तथा संन्यासपीडितम् ॥

च० सू० २४।४४,४५

"Sudden loss of conciousness and vital functions (e.g. cardiac arrest) making the patient almost dead and wood like demands measures which are immediately effective, otherwise his life would be extinct soon. In such cases action should be taken with the same quickness with which a wise person would try to grab a utencil which has fallen in deep waters before it reaches the bottom."

C. S. I. 24. 44. & 45.

PART V

POST-OPERATIVE ETHICS

(पश्चात्कर्मसद्वृत्तम्)

A. The Post-operarive ward and the bed.

B. Care of the patient.

C. Caution in the use of strong medicines.

D. Check the result.

E. Post-operative dressing and bandage.

F. Post-operative sedation.

PART V

POST-OPERATIVE ETHICS

पश्चात्कर्मसद्वृत्तम्

(A) The Post-operative Ward and the Bed

(१) व्रणितस्य प्रथममेवागारमन्विच्छेत्, तच्चागारं प्रशस्तवास्त्वादिकं कार्यम्।

सु० सू० १९।३

"First of all a ward for the operated case should be selected. That place should be well planned, well equipped and well arranged."

S. S. I. 19. 3.

(२) तस्मिन् शयनमसम्बाधं स्वास्तीर्णं मनोज्ञं प्राक्शिरस्कं सशस्त्रं च कुर्वीत।

सु० सू० १९।५

"The surgical bed should be of adequate dimensions (size) and well provided with mattresses and drawsheets, pleasant to look at, the head end should face towards east and it should be well guarded."

S. S. I. 19. 5.

(३) तस्मिन् सुहृद्भिरनुकूलैः प्रियंवदैरुपास्यमानो यथेष्टमासीत।

सु० सू० १९।७

"The patient should lie comfortably on such a bed attended upon by sympathetic and affectionate friends

and relatives, who should be good conversationalists also."

S. S. I. 19. 7.

(B) **Care of the Patient.**

(१) निर्वातमागारं प्रवेश्याचारिकमादिशेत् ।

सु० चि ६।४

"Having admitted the patient to such a ward, which is not exposed to blasts of wind, clear directions should be given regarding further management."

S. S. IV. 6. 4.

(२) उत्थानसंवेशनपरिवर्त्तनचङ्क्रमणोच्चैर्भाष्याद्यासु आत्मचेष्टासु अप्रमत्तो व्रणं संरक्षेत् ।

सु० सू० १९।११

"The patient should carefully protect the wound from his own activities such as getting up, lying down, turning on the side or while he is up and about, or speaking loudly etc."

S. S. I. 19. 11.

(३) तत्र विस्रंसे व्यापन्ने च क्रियाविशेषैरविरुद्धैर्बलमाप्याययेत् ।

सु० सू० १५।२८

"In cases of lowered or deranged vitality, improvement in the condition should be tried by special restorative measures, which should not be injurious in any other respect."

S. S. I. 15. 28.

(४) रक्षेद् बलं चापि नरस्य नित्यं,
तद्रक्षितं व्याधिबलं निहन्ति ॥

सु० चि० १८।३

"Patient's general health should always be maintained, as it helps to lessen the intensity of the disease process."

S. S. IV. 18. 3.

(५) दीर्घकालातुराणां तु कृशानां व्रणशोषिणाम् ।
बृंहणीयो विधिः कार्यः कायाग्निं परिरक्षता ॥

सु० चि० १।१२३

"The chronically sick, emaciated patient and those in whom discharging ulcers have been present for a long time causing debility, an attempt should be made to increase his weight by feeding him with a highly nutritious diet, without upsetting the gastro-intestinal tract."

S. S. IV. 1. 123.

(6) **Importance of Healing From the Bottom–(e. g. Operated Fistula-in-ano).**

न चैनं त्वरमाणः सान्तर्दोषं रोपयेत् , स ह्यल्पेनाऽप्यपचारेणाभ्यन्तरमुत्सङ्गं कृत्वा भूयोऽपि विकरोति ।

सु० सू० ५।३७

"Due to haste, the wound should not be allowed to heal up leaving some insipid matter or pus underneath, as it would lead to recurrence on the slightest provocation."

S. S. I. 5. 37.

(C) **Caution in the Use of Strong Medicines (e. g. Antibiotics)**

विभ्रंशो विषवद् यस्य सम्यग् योगो यथामृतम् ।
कालेष्ववश्यं पेयं च तस्माद् यत्नात् प्रयोजयेत् ॥

च० क० १२।८५

"When due to certain unavoidable circumstances, such medicine is indicated whose correct use produces nectar like effects but may act as poison if improperly administered, it should be used with skill and care."

C. S. VII. 12. 85.

(D) **Check The Result.**

It was advised to check the results of operation post-operatively. As an example signs of correct reduction after fracture or dislecation is cited here.

(१) अस्थिभग्नं च्युतं सन्धिं सन्दधीत समं पुनः ।
समेन सममङ्गेन कृत्वाऽन्येन विचक्षणः ॥

च० चि० २५।६८

"The expert surgeon should reduce correctly the fractured bone or a dislocated joint, comparing it with the opposite normal part."

C. S. VI. 25. 68.

(२) भग्नं सन्धिमनाविद्धमहीनाङ्गमनुल्वणम् ।
सुखचेष्टाप्रचारं च संहितं सम्यगादिशेत् ॥

सु० चि० ३।७०

"A dislocated joint should be regarded reduced correctly only if it is unlocked, is not shortened in length, is not unduly prominent and is freely movable without pain."

S. S. IV. 3. 70.

(E) **Post Operative Dressing and Bandage.**

(१) ततः कल्केनाच्छाद्य, घनां कवलिकां दत्वा, वस्त्रपट्टेन बध्नीयात् ।

सु० सू० ५।१७

"After this, medicinal pastes should be applied over the wound which should then be covered by a thick layer of pad and bandaged."

S. S. I. 5. 17.

(2) **The second dressing.**

ततस्तृतीयेऽहनि विमुच्यैवमेव बध्नीयाद् वस्त्रपट्टेन, न चैनं त्वरमाणोऽपरेद्युर्मोक्षयेत्, द्वितीयदिवसे परिमोक्षणाद् विग्रथितो व्रणश्चिरादुपसंरोहति, तीव्ररुजश्च भवति ।

सु० सू० ५।३५

"After this the old bandage should be opened on the third day and reapplied exactly as before. There is no hurry to open it on the second day. If the bandage is opened on the second day, it may lead to delayed healing and cause more pain."

S. S. I. 5. 35.

(3) **Further dressings.**

अत ऊर्ध्वं दोषकालबलादीनवेक्ष्य कषायालेपनबन्धाहाराचारान् विदध्यात् ।

सु० सू० ५।३६

"After this (third day), during further dressings, lotions, ointments, bandages, diet and the period of ambulation and other activities should be varied depending upon the condition of the wound, the prevailing climatic condition of the year (hot, cold or humid etc.) and the general condition of the patient."

S. S. I. 5. 36.

(४) हेमन्ते शिशिरे चैव वसन्ते चापि मोक्षयेत् ।
त्र्यहाद् द्व्यहाच्छरद्ग्रीष्मवर्षास्वपि च बुद्धिमान् ॥

सु० सू० ५।३९

"In winter and spring the dressing should be changed every third day and in summer and rainy season every second day."

S. S. I. 5. 39.

(F) Post operative sedation.

या वेदना शस्त्रनिपातजाता तीव्रा शरीरं प्रदुनोति जन्तोः ।
घृतेन सा शान्तिमुपैति सिक्ता कोष्णेन यष्टीमधुकान्वितेन ॥

सु० सू० ५।४१

"Severe pain due to the operative procedure making the patient restless can be relieved by gently applying luke-warm ghee mixed with mulethī (Glycerrhiza Glabra)."

S. S. I. 5. 41.

PART VI

THE ETHICS AND IMPORTANCE OF EXPERIMENTAL SURGERY

(योग्याकरणसद्वृत्तम्)

PART VI

THE ETHICS & IMPORTANCE OF EXPERIMENTAL SURGERY

योग्याकरणसद्वृत्तम्

Definition of Yogyā :

(१) कर्त्तव्यकर्मणः सम्यग्योगाय तत्सदृशकर्माभ्यासो योगः, तेन योगाय प्रभवतीति योग्या ।

चक्रपाणिः (सु० सू० ९।१)

"To obtain complete success in the aimed (operating) work, practise of similar operations before hand is called yoga (experiment); and performance of such practise is called yogya."

Commentary by Cakrapāṇi on
S. S. I. 9. 1.

(२) तस्मात् कौशलमन्विच्छन् शस्त्रक्षाराग्निकर्मसु ।
यस्य यत्रेह साधर्म्यं तत्र योग्यां समाचरेत् ॥

सु० सू० ९।६

"Therefore he who wants to be expert in the use of surgical operations and caustic or thermal cauterization should practice the same experimentally on similar problems."

S. S. I. 9. 6.

(३) प्रयोगज्ञस्य वैद्यस्य सिद्धिर्भवति नित्यशः ।
तस्मात् परिचयं कुर्याच्छस्त्राणां ग्रहणे सदा ॥

सु० सू० ८।२०

"That surgeon always gets success who is well versed in the art of using surgical instruments, therefore he should always be trying to acquire knowledge in the use of various instruments."

S. S. I. 8. 20.

(४) एवमादिषु मेधावी योग्यार्हेषु यथाविधि ।
द्रव्येषु योग्यां कुर्वाणो न प्रमुह्यति कर्मसु ॥

सु० सू० ९।५

"An intelligent surgeon who does experimental surgery methodically on such articles as stated above does not lose the presence of his mind, while doing the actual operation."

S. S. I. 9t 5.

PART VII

QUACKS

(कुवैद्यवृत्तम्)

PART VII

QUACKS

कुवैद्यवृत्तम्

(१) शास्त्रं गुरुमुखोद्गीर्णमादायोपास्य चासकृत् ।
यः कर्म कुरुते वैद्यः स वैद्योऽन्ये तु तस्कराः ॥

सु० सू० ४।८

"The physician who learns the science of medicine under the guidance of his preceptors and regularly takes the practical training and then practices medicine is a real physician; others are quacks."

S. S. I. 4. 8.

(२) स्नेहादिष्वनभिज्ञो यश्छेद्यादिषु च कर्मसु ।
स निहन्ति जनं लोभात् कुवैद्यो नृपदोषतः ॥

सु० सू० ३।५२

"The practitioner who does not know medical procedures (e. g. massage, heat therepy, medication, purgation, stomach wash by the vomitting technique and enema etc.) and surgical techniques (e. g. incision, drainage, tapping, curettage, sounding, probing etc.) is a quack. Such a person kills people due to his greediness, and survives only because of the negligence of the government."

S. S. I. 3. 52.

(३) यश्छिनत्त्याममज्ञानाद् यश्च पक्वमुपेक्षते ।
श्वपचाविव मन्तव्यौ तावनिश्चितकारिणौ ॥

सु० सू० १७।१०

"Surgery by him who opens an 'unripe' swelling, as also of his who neglects a 'ripe' abscess is based on indecision and both of them should be regarded as quacks."

S. S. I. 17. 10.

(४) आमं विपच्यमानं च सम्यक् पक्वं च यो भिषक् ।
जानीयात् स भवेद् वैद्यः शेषास्तस्करवृत्तयः ॥

सु० सू० १७।६

"He who knows when the abscess is 'unripe'; has a tendency towards 'ripening' or is 'fully ripe' is the real doctor. Others are quacks."

S. S. I. 17. 6.

(५) ओषध्योऽमृतकल्पास्तु शस्त्राशनिविषोपमाः ।
भवन्त्यज्ञैरुपहृतास्तस्मादेतान् विवर्जयेत् ॥

सु० सू० ३।५१

"Medicines equivalent even to nectar (a fluid which when orally taken makes the person immortal and eternally young) when prescribed by quacks may act like fatal weapons, lightening or poisons; hence one should avoid the quacks."

S. S. I. III. 51.

PART VIII

ETHICS TOWARDS THE DYING

(मुमूर्षुसद्वृत्तम्)

PART VIII

ETHICS TOWARDS THE DYING

मुमूर्षुसद्वृत्तम्

(१) दृष्टारिष्टमपि चातुरं न तत्त्वं ब्रूयात्, नित्यमाश्वासयेत्।

कश्यपः (पृ० ४१)

"Even after having noticed the signs of impending death the doctor should not tell that to the patient; instead constant reassurance should be given."

K. S. p. 41.

(२) ह्रसितं चायुषः प्रमाणमातुरस्य जानताऽपि त्वया न वर्णयितव्यं तत्र यत्रोच्यमानमातुरस्याऽन्यस्य वाऽप्युपघाताय सम्पद्यते।

च० वि० ८।१३

"Diminished expectancy of patient's life, even if you know, should not be mentioned at such place, where if so said, it would hurt the patient or someone else."

C. S. III. 8. 13.

(३) यावत् कण्ठगतः प्राणस्तावत् कार्या प्रतिक्रिया।
कदाचिद्दैवयोगेन दृष्टारिष्टोऽपि जीवति॥

भैषज्यरत्नावली

"Appropriate treatment must be carried out till the last breath of the patient's life: because sometimes luckily even the dying patient may survive."

—Bhaiṣajya Ratnāvalī.

PART IX

ETHICS IN EMERGENCY SURGERY

(आत्ययिकसद्वृत्तम्)

PART IX

ETHICS IN EMERGENCY SURGERY

आत्ययिकसद्वृत्तम्

अतिपातिषु रोगेषु नेच्छेद् विधिमिमं भिषक्।
प्रदीप्तागारवच्छीघ्रं तत्र कुर्यात् प्रतिक्रियाम् ॥

सु० सू० ५।४०

"In emergency cases, the doctor should not apply the routine methods of treatment, instead he should act as if hi s own house is on fire."

S. S. I. 5. 40.

समाप्तश्चायं प्रबन्धः

भिषजां साधुवृत्तानां भद्रमागमशालिनाम् ।
अभ्यस्तकर्मणां भद्रं भद्रं भद्राभिलाषिणाम् ॥
वा० उ० ४०।८७

REFERENCES

1. Caraka Saṁhitā : Edited by Vaidya Jādavaji Trikamji Āchārya, (1941); (1945) N. S. Press, Bombay.

2. Farquharson, E. L. (1962) Text book of Operative Surgery, 2nd Ed. P. 1.
E. S. Livingston Ltd., Edinburgh.

3. Kouwenhoven, W. B., Jude, J. R., and Knickerbocker, G. G. (1960) J. Amer. Med. Ass. *173* : 1064.

4. Last R. J. (1959) Anatomy, Regional and Applied 2nd ed. p. 2.
J. & A Churchill Ltd., London.

5. Suśruta Saṁhitā : Edited by Nārāyaṇ Rām Āchārya. N. S. Press, Bombay.

6. Vāgbhatta : Asthānga Hṛidaya.

7. Vṛddha Vāgbhatta : Ashtānga Sangraha.

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